DATE OF APPLICATION: **APPLICATION** FOR FIREWORKS DISPLAY PERMIT Act 358, PA 1968 ☐ AGRICULTURAL PEST CONTROL 1. TYPE OF DISPLAY: ☐ PUBLIC DISPLAY 2. APPLICANT ADDRESS: NAME OF PERSON: AGE (Must be 21 or over) IF CORPORATION, NAME OF PRESIDENT: ADDRESS: 3. PYROTECHNIC OPERATOR NAME OF PERSON: ADDRESS: AGE (Must be 21 or over) **EXPERIENCE:** NO. OF YEARS WHERE: NO. OF DISPLAYS NAMES OF ASSISTANTS NAME: ADDRESS: NAME: ADDRESS: 4. NON-RESIDENT APPLICANT NAME: ADDRESS: NAME OF MICHIGAN ATTORNEY OR RESIDENT AGENT: ADDRESS: 5. EXACT LOCATION OF PROPOSED DISPLAY DATE: TIME: 6. NUMBER & KINDS OF FIREWORKS TO BE DISPLAYED MANNER & PLACE OF STORAGE PRIOR TO DISPLAY: (SUBJECT TO APPROVAL OF GRAND RAPIDS FIRE DEPARTMENT INSPECTOR) 7. FINANCIAL RESPONSIBILITY A. AMOUNT OF BOND OR INSURANCE (to be set by City of Grand Rapids) \$ B. BONDING CORPORATION OF INSURANCE CO.: NAME ADDRESS: